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EXPERIENCE IN MIDWIFERY.

[Concluded from page 112.]

SHOULDER PRESENTATION.—In instances of this kind there is little, I find, to arrest attention; but the following case of spontaneous evolution may not prove uninteresting:

Case.—M. C. was taken in labor with her first child in July, 1836; I saw her ten hours after the pains had set in, and found the os uteri the size of a five-shilling piece; its disk was thin, but the cervix of the organ was thick and unyielding, and at each pain the membranes became tense; a pointed, hard, and rather triangular mass, the exact nature of which, from the rigidity of the parts, could not, at this time, be correctly ascertained, was found presenting; in six hours afterwards, when I again saw the woman, the membranes had given way, and the os uteri had augmented to more than double its former size; the shoulder, which was the right, was advancing, in obedience to a vigorous uterine action, into the inlet of the pelvis. A dose of laudanum having been premised, version was at once attempted; but the highly excited state of the uterus, which embraced the fœtus as firmly as a dress of India-rubber, together with the extreme restlessness of the woman, foiled every effort, consistent with safety, to the perfect introduction of the hand. A repetition of the sedative, in a powerful dose, followed, after a short interval, by a renewed trial, having equally proved abortive, I suggested the propriety of another opinion. In consultation with a medical man of this town, with whom I have long since ceased to be on terms, but whose practical knowledge of this branch of the profession no private and petty pique shall ever cause me not to acknowledge, another effort at version was agreed upon. Bleeding having been objected to on the patient's part, a repetition of the same operative proceeding issued in a similar want of success; for such was the continued and obstinate character of the uterine contraction, that no safe perseverance could reach a fœtal extremity. It was now agreed to leave the case to time, and to narrowly watch the efforts of nature at delivery, and the state of the constitutional powers. In the course of five other hours, much was our satisfaction to find the breech descending to occupy the place of the gradually receding shoulder; and in, I think, about one hour from its first distinct recognition, the process called "spontaneous evolution" was completed, nature thus accomplishing what appeared from manual aid impracticable; delivery was soon afterwards completed, and the result was a speedy recovery.

Laborious Labor.—The number of cases requiring instrumental assistance were, altogether, 12, of which 6 occurred in the first labor, 2 in the second, 1 in the third, 1 in the fourth, 1 in the seventh, and 1 in the ninth; two of these terminated fatally, one in 48, the other in 59 hours, from metritis; in two, there was sloughing, to some extent, of the vagina, with retention of urine; and in one, puerperal peritonitis, of rather a malignant and obstinate character, manifested itself; the rest of the cases did all of them well.

The children here, from perforation being almost invariably indicated, were all stillborn; but in four of these, more or fewer symptoms of incipient decomposition characterized their previous death from other causes than the operation, while in the rest no correct idea could be formed as to "their life" on instituting operative proceedings.

That no instance, in this number, was suited to the successful application of the vectis, may become, to some, matter of wonder; but in circumstances demanding their aid, the choice of either this instrument or the perforator must (in the absence of a second opinion, which, in remote districts of the country, is often out of the question) be left to the practitioner in attendance, who, as he is best acquainted with the facts of such cases as he may have to encounter, is, also, it is presumable, competent to their correct method of management. Moreover, if he can establish, in conformity with the recognized principles of the science, and with a due observance of truth, the particular grounds on which his practice may rest, he discharges, in addition to the conscientious duty which he owes to his patient, every obligation to which the profession, or society, can legitimately lay claim, and by whose judgment on his conduct he must either stand or fall.

Of these 12 instrumental cases, 9 originated in impaction, and 3 in extreme rigidity of the soft parts involved in the process, occasioning arrest of the fœtal head at the outlet of the pelvis. The duration of the cases of impaction varied from 30 to 55 hours each from the first establishment of labor, and from 7 to 20 hours from the recognition of this phenomenon. Of the instances of arrest, the process was protracted to 40, 44, and 48 hours respectively; and the retardation of the fœtal head, properly so called, from 6 to 8 and 12 hours.

It may be observed generally, that as an indication for the aid of the crotchet, less regard was paid to the duration of the impaction, than the condition of the circulation, and the state of the general powers. The principal phenomena which, in these cases, presented themselves, and which indicated interference, were summarily these:—acceleration of the pulse to 110 to 140 in all the instances, it being also weak and intermittent in 3; intense headache, with or without anxiety of countenance, in 5; abdominal intumescence with general, though slight, tenderness, in 4; much prostration of the vital powers, with general giddiness, in 2; and enormous swelling of the labia pudendi, in 1.

In two of the instances of arrest, the forceps were the instrument employed; but so rigid and tender were the parts in both of them, and so excruciating were the sufferings induced on instituting traction, that as a measure of safety for the patient, not to mention possible laceration of

the perineum, the perforation was necessarily substituted for the former instrument. Fortunately, in one of the children thus delivered, symptoms of previous decay were well marked; while in the other no correct idea as to its state, previously to the operation, could be formed.

Complex Labor.—Of these 700 cases, the labor was complicated with retention of the placenta, in 35; with hæmorrhage previously to the expulsion of the placenta, and subsequently to delivery, in 26; with flooding following on the perfect evacuation of the uterus, in 9; with sanguineous discharge to a greater or less degree, previously to delivery, in 3; and with convulsions, in 1.

Of the cases of placentar retention, I find I have omitted to note the particular causes to which they were each of them ascribable. In the absence, then, of any specific information on this point, it may be generally stated, that the most common cause originated in the hour-glass contraction; next, in the order of frequency, in spasmodic contraction of the circular fibres of the neck of the uterus; and, lastly, but much more rarely, in morbid adhesion, to a greater or less extent, of the placentar mass to its point of attachment on the uterine parietes.

In the cases of uterine hæmorrhage, there occurred one death; the effusion having supervened to the detention of the secundines.

Previously to giving an outline of the history of this case, which is, I think, on some accounts, deserving of notice in this place, I may be permitted to remark that, in the course of our reading, we are occasionally obliged to peruse a good deal of what we would call, in Ireland, *blarney*. For instance, among other dogmas of a like nature, we find it laid down by some, that, under proper management, no woman should ever perish from uterine hæmorrhage. It were, indeed, sincerely to be wished, that this assertion had any foundation in fact; but my experience, however limited, sadly nullifies such a baseless speculation, and in proof of which I may only appeal to the subjoined

Case.—M. R., of a very delicate and slender habit, was confined with her first child at about 6 o'clock, A. M., on the 11th April, 1838. She was delivered, after an active and very brief labor, on her knees—a position to which, as is the custom of the country, she seemed peculiarly partial—and the placenta was shortly afterwards expelled naturally. But in not more than five minutes subsequently to her resuming her bed, it was suddenly announced to me that she had "*fainted.*" I was beside her in a moment, and found manifested most of the symptoms of uterine effusion. On examination, however, the external discharge did not seem by any means proportionate to the then constitutional depression; a circumstance next to demonstrative of internal hæmorrhage. But the introduction of the hand, which was shortly expelled with a few coagula, dissipated this surmise, and the abdominal cincture was pulled still more firmly, plying her, at the same time, well with stimulating cordials. Nevertheless, life seemed, for a considerable time, to ebb; and it was only after four hours, all appearance of sanguineous discharge having ceased, that I deemed it prudent to leave her. The distance of her residence in the country prevented me from again seeing her before 4 o'clock, P. M., at which time, and without any information from her reckless relatives, I unfortunately

found her moribund. She died eleven hours after delivery, and with but trifling additional loss of blood, with all the well-known phenomena of flooding in an extreme degree.

In this instance, certainly not a solitary one, there was evinced a remarkable intolerance of the loss of blood, which, comparatively, was inconsiderable—that is to say, not more than usually results on the healthy contraction of the uterus, and to this death was evidently due.

The case of convulsions occurred in a primary labor; and a copious venesection, to 35 ounces, followed up by nauseating doses of the tartarized antimony, failed in procuring any very sensible mitigation of the paroxysms. The child, after a labor of about 14 hours' continuance, was expelled in a fearful fit, and in a state of perfect unconsciousness on the part of the patient. The fits, it may be mentioned, corresponded with the pains, and three or four assistants were, at these times, necessary to control her involuntary movements. The child, which was premature, was stillborn; but the woman made a speedy recovery.

REVIEW OF DR. GROSS'S PATHOLOGICAL ANATOMY.

[Continued from page 92.]

THIS chapter upon the Nervous System closes what we may style the first division of the second part of the work. The author proceeds to the consideration of the lesions of organs, commencing with the eye, and proceeding down to the thoracic and abdominal viscera. Passing by the chapters upon the eye and the ear, we shall present to the reader the substance of what is said upon *hypertrophy of the thymus gland*. This disease has lately attracted considerable attention, and has been described by Dr. Kopp under the name of *thymic asthma*. It is not proper to call hypertrophy of this gland thymic asthma itself. It is the cause of it. The former may exist without the latter; yet when the organ becomes so much enlarged that it compresses the lungs and trachea, that train of symptoms called *asthmatic* must necessarily occur. The term, however, is correct, as it indicates to us very readily the *fons et origo* of the disease. We presume if, during the enlargement of the thyroid body, it should so compress the trachea as to produce the ordinary symptoms of asthma, the case might be appropriately styled *thyroid asthma*. Thymic asthma is a disease of childhood. "The pathognomonic sign of the disease is a short, acute, hissing inspiration, alternating with a weak, croup-like expiration. Males are more liable to it than females."

The chapter on the Thyroid Gland is occupied chiefly with a description of hypertrophy of this body, or *bronchocele*, which is attributed to "inflammatory irritation, pursuing a slow, chronic march."

The chapter upon the Respiratory Apparatus occupies near one hundred pages. It is divided into three sections: 1, *Lesions of the Air Passages*; 2, *Lesions of the Lungs*; and, 3, *Lesions of the Pleura*. Our author refutes the notion of Stokes and others, that the lining membrane of the bronchia, when it passes down into the smaller ramifications, becomes changed from a mucous to a serous tissue.

"How this notion originated it is difficult to determine, for it is by no means necessary, I conceive, that, because these tubes are occasionally the seat of plastic inflammation, they should be lined with a serous membrane. The mucous textures are not, it is true, very prone to this species of irritation; still the formation of fibrinous concretions is sufficiently common, even in them; and the effusion of lymph in the minute bronchial ramifications should not therefore be a matter of greater surprise than in the larynx, œsophagus, nasal duct, uterus, or bowel. That the lining membrane is somewhat modified in these situations I do not feel disposed to deny, but that the change is so complete as is contended for by certain writers, seems to me to be unfounded in fact, and unsupported even by analogy."

The lesions of the lungs, which come under our author's notice, are acute inflammation, abscess, gangrene, chronic inflammation, œdema, emphysema, apoplexy, encephaloid, melanosis, serous cysts, hydatids, calcareous concretions, hypertrophy, atrophy, tubercular phthisis. Some of these diseases are very rare. Such are encephaloid, melanosis, serous cysts and hydatids.

Pulmonary apoplexy is divided into the vesicular and interlobular—the blood in the one being retained in the air-cells, in the other extravasated into the connecting cellular tissue. "In the former, the blood is collected into round, circumscribed masses, from the size of a pea to that of an apple. In the latter, the fluid ruptures the air vesicles, and is extravasated into the intervening cellular tissue, breaking it down into a ragged, shreddy substance, in appearance not unlike a coarse sponge, saturated with dark blood. The blood may flow from the mucous membrane of the bronchiæ as a simple exhalation, or directly from a lacerated vessel. Hypertrophy of the right ventricle of the heart, with contraction of the mitral valves, seems to be the most frequent cause, by far, of this lesion."

Nearly a third of the chapter upon the respiratory apparatus is taken up in describing the most interesting of all the diseases of the lungs, *phthisis*. We shall not attempt to give as much as a general view of this chapter, but would beg the reader to purchase the work and read it for himself carefully. We must present him, however, a few lines on the subject of cicatrization of pulmonary cavities. It is well known that after tubercles have existed in the lungs for an indefinite length of time, they undergo a process of softening, and among the changes induced by this softening "the most important is the formation of *excavations, caverns*, or *fistulous apertures*." Now these cavities are susceptible of cicatrization, as post-mortem examinations have frequently demonstrated.

"There are three ways in which the healing may take place, each of which is deserving of a brief notice. In one of these, which is by far the most common, the cavern remains open, and its surface become lined with a thin layer of plastic lymph: this adheres more or less strongly to the surrounding textures, is gradually organized, and finally converted into a membrane, which possesses all the properties of the mucous tissue, excepting that it is devoid of mucous glands, and therefore incapable of secreting genuine mucous matter. Secondly, the cicatrisation may be effected by the contraction of the excavation, and the slow but steady ag-

glutination of its sides, through the intervention of dense cellular substance of new formation; and, thirdly, by an effusion of coagulating lymph, or repeated depositions on the inner surface of the cavity, forming a white bluish mass, more or less dense in its structure, in which the bronchial tubes may be seen abruptly terminating. In the last two varieties of cicatrization, the contraction of the accidental tissue gives rise to a puckering of the lung, which is most distinctly marked when the serous envelope of the organ is forced to follow the retrocession of the parenchymatous substance. These scars—for thus they may be called—are most common in the apex of the lung; and they may assume various figures—oval, circular, linear, arborescent, or stellated."

The fact that cicatrization of pulmonary cavities may take place, is proof positive of the curability of pulmonary phthisis at this late stage.

The diseases of the heart and its membranes (the pericardium and endocardium), form the subject of the next chapter, from which we extract the following excellent remarks.

"Hypertrophy of the walls of the ventricles generally results from great and habitual accumulations of blood in their cavities, produced by disease of the semi-lunar valves, or contraction of the mouth of the aorta and pulmonary artery. In the same way may arise hypertrophy of the auricles; or it may be occasioned, more directly, by a narrowing of the auriculo-ventricular apertures, preventing the ready ingress of blood from one chamber of the organ into the other. Hypertrophy of the right side is also frequently dependent upon disease of the lungs, as tubercles, emphysema, and hepatization of their tissue.

"An increase of the muscular substance of the heart necessarily implies an increase of power; and hence one of the most prominent effects of this state would be to force the blood with more vigor and velocity upon the different tissues and organs. Let us suppose that the individual is laboring under hypertrophy of the left ventricle. He would have a strong, bounding pulse, frequent attacks of headache, bleeding at the nose, ringing in the ears, and perhaps ultimately die of cerebral apoplexy—all these circumstances depending not so much, as it is supposed by some, upon the increased amount of blood sent through the systemic circulation, as upon the power with which it is impelled by the overgrown ventricle of the left side of the heart. In the same manner, hypertrophy of the right ventricle may bring about engorgement of the pulmonary tissue, with all the train of secondary effects, such as apoplexy, œdema and dyspnœa, which are known to result from habitual accumulations of blood.

"The physical signs of hypertrophy consist in increased impulsion of the heart against the walls of the chest, diminution of the natural sound, and dulness on percussion. In the simple form of the disease, as well as in that with dilatation, the sound is sometimes nearly lost, or converted into an obscure purring.

[To be continued.]

TREATMENT OF TUMORS BY PUNCTURES.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I write this letter in consequence of seeing the case of the lady with a tumor on the trachea, mentioned in the report of Dr. Warren in the last No. of your Journal, that of April 21st. I have derived, I believe from some past No. of your Journal, although the reference is not at hand, a very high opinion of treating tumors by a great number of superficial punctures. I have advised this treatment in hydrocele, and it has been attended with such speedy and complete success that I should be induced to try it on other tumors. My instrument for this purpose has been a couching needle. The punctures need only to be very superficial, so as to draw serum rather than red blood, but numerous. Should the suggestion have the effect of affording relief in a case which seems to be considered desperate, my object in this communication will be most fully and pleasingly answered. I am, Sir, yours very truly,

Lebanon, Ct., April 26th, 1841. Joseph Comstock.

P. S.—The effect of iodine, which I have dissolved in spts. turpentine, will obviously be greater after puncturing, than when used on the sound skin. A case, as it would appear, similar to the one in question, was at the urgent solicitation of the patient operated on by Mons. Dupuytren, of Paris, after he had declined until applied to the third time. The woman, however, died the next day at evening. See N. Y. Medical and Physical Journal, Vol. I., p. 378; and London Medical Repository, for March, 1822, from which it was copied.

I once lost a colored boy, of about 10 years of age, with a disease which I was at a loss to determine. His head was thrown back, but without pain, and very little external swelling of the neck. I examined the body after death, and the only morbid appearance was found in the thyroid gland, which was enlarged, the whole of it diseased, and in a state of partial suppuration. He died from inanition, without any great difficulty of swallowing or breathing. J. C.

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED BY J. C. WARREN, M.D.

REPORTED FOR THE MEDICAL JOURNAL BY S. PARKMAN, M.D.

Stricture of the Urethra—*Relief—Death by Apoplexy.*—A stout Irishman, married, without children, æt. 35, had been the subject of stricture for the space of fifteen years, aggravated at times, when he required the employment of the catheter for relief, though he has never undergone a regular treatment by bougies. Six years since was sounded in England, but no stone discovered. Disease has been much aggravated within the last four months. Has used the lithontriptic of Dr. Lee for the last five months, which, by his statement, was followed by a considerable sandy discharge, some specimens of which the patient at present possesses, and which, by an analysis of Dr. Gay, were found to be a mixture of the

triple phosphate of ammonia and magnesia, and the phosphate of lime.* He considers his state to have lately been considerably aggravated; the bladder has been distended, and he has had a constant dribbling of urine. Several unsuccessful attempts have been made to evacuate the bladder by a catheter.

He entered the Hospital March 31, and when first examined, he was confined to his bed, the abdomen distended at the lower part by an enlargement of the bladder, rising to the umbilicus, the urine passing by stillicidium constantly, and no voluntary evacuation being within his control. The collected urine deposited a thick mucous sediment, was small in quantity, and highly offensive. His person was in consequence offensive to the highest degree, rendering it almost impossible to touch him. He suffered considerable pain in the region of the bladder, along the penis and in the perineum.

In attempting to pass a bougie it was arrested at about five and a half inches from the meatus, was gradually insinuated through this obstruction, and again arrested at six inches from the meatus, beyond which point it could not pass; neither could a bougie of any size, nor any other instrument, be made to advance further.

He was bled, directed the use of the warm bath daily, and a regular employment of laxatives, and enemata if necessary; and to relieve the paroxysms of pain to which he was subject in the region of the bladder and perineum, he was ordered an opiate enema containing one drachm of tincture of opium.

It being impossible to make any impression on the stricture with the bougies, it was punctured in the direction of the canal at four different times, without giving pain or producing any discharge of blood, from the indurated and insensible sides of the stricture. After this a small bougie was passed into the bladder; and the cure was prosecuted by the occasional use of smooth sounds and simple bougies. The patient improved daily in passing his urine and in his general health. He sat up, walked about, enjoyed his food, and exhibited no remarkable symptoms. The urine became clear, free, and in ample quantity.

On the morning of April 21, he expressed himself as better than he had been for some years, and so continued through the day. In the afternoon a sound was passed without difficulty by the house-surgeon, as had been done two days before; and in the evening having some of his

* M. Civiale, in some late lectures upon the waters of Vichy, in France, which are alkaline and supposed to be possessed of lithontriptic powers, utterly repudiates any such idea. He considers the phosphates above mentioned to be deposited from the mucus of the bladder, inordinately increased in quantity from the irritation of the urinary organs. For example, stone is diagnosed in the bladder, the individual commences the use of Vichy water or any other reputed lithontriptic, the urine is closely examined, and a sandy sediment is discovered, which is hailed as the detritus of the stone; whereas it is merely a deposition, perhaps pre-existent, but not noted, from the mucus, secreted inordinately by the mucous membrane irritated by the presence of the stone, or perhaps by the very use of the supposed lithontriptic. Again, a person afflicted with a hard calculus, perhaps the mulberry, the tortures from which are intense, finds great comparative ease from the employment of one of these lithontriptics, and therefore flatters himself with the idea of its disappearance, while the stone is merely acquiring a coating of these soft phosphates. Or, a calculus taken from the bladder of a patient dying of some other affection, and presenting a hard nucleus with the external layers soft and friable, is exhibited as ocular proof of the solvent powers of these vaunted medicines. Whereas the real state of the case is no in the other instances. If it be possible to dissolve a stone *already formed*, the solvent might certainly be brought in contact with the stone more easily by a direct injection into the bladder, than by the circuitous route of the circulation. It is not denied that a gravelly diathesis may be counteracted; but this is done by constitutional remedies, founded upon a knowledge of the chemical constitution of the gravel, whether acid or alkaline.

usual pains in the region of the bladder, &c., accompanied with some slight shivering, as he had had frequently before, he got an opiate enema, with great relief. He continued thus comfortable till about half an hour after midnight, when he was suddenly, while in bed, attacked with apoplectic symptoms, and died the next morning, after eight hours' illness.

On examination of the body the following appearances presented.

The brain had externally an appearance of having undergone compression, the veins having been quite emptied of their blood. The membranes presented no appearance of deposited lymph; and the cerebral substance was not different from what is common. The ventricles were quite filled with water and enlarged to more than double their natural size. The quantity of water was between three and four ounces.

The pericardium contained about three ounces of transparent fluid. Both the ventricles were quite distended with dark blood in a fluid state. The heart was large. The veins of the aortic valves were cartilaginous. The lungs were quite healthy.

The stomach was excessively distended with flatus, and contained a quantity of undigested potatoe floating in a gruel-like fluid. The intestines were contracted in all the lower part of the abdomen, where they had been compressed by the enlarged bladder. Liver large—sound on the left side, indurated on the right, with an opaque serous coat. Spleen of usual size and sky-blue color. Kidneys large and in a state of hyperemia, particularly the left; and their pelves and calices enlarged and thickened. Ureters somewhat thickened. Bladder very much thickened, its muscular coat being developed in a remarkable degree; mucous coat very much thickened and fasciculated; capacity about a pint, containing thick, very offensive ammoniacal urine, and lined with a thick, tenacious mucus. No traces of stone or sand of any kind. Prostate gland three times its natural size; hard in the centre as cartilage—middle lobe not enlarged. At the mouth of the bladder lay a fold of mucous membrane. The urethra was diminished in calibre to a quarter of its natural size, from the mouth of the bladder to within six inches of the external meatus. At five and a half inches from the meatus was a membranous stricture, which had been perforated, but was perfectly healed, smooth and well. The *corpus spongiosum* and *corpora cavernosa* perfectly sound and healthy. On the outside of the first stricture was a *foramen cæcum*, formed by one of the lacunæ, which had frequently arrested the bougie and rendered it necessary to draw it back before passing it inwards.

The sudden death of the patient demands investigation, and we should naturally inquire, whether it arose from the disease; from the treatment; from the long use of an alkaline lithontriptic, or from pure accident.

He had been affected with a bad stricture for fifteen years, latterly accompanied with a permanent collection of water in the bladder, which was never wholly evacuated. Hence a constant weeping of urine, and an uncomfortable, offensive condition. His state was much improved, however. The bladder had diminished three quarters of the capacity it had when he entered the Hospital; the stricture was relieved; so that it should seem to be no close and direct connection between the disease and death.—The treatment was managed with great care and delicacy.

There was no blood produced by the instruments, no force employed, nor any unusual pain excited. The penetration of the stricture had been accomplished ten days before death. He required but little treatment afterwards; and on the morning before his attack was better than he had been for years.—It has been suggested that the long-continued use of an alkaline lithontriptic might have produced the thin and watery state of the blood which existed in this case, and thus disposed to serous exudations. We are not aware, however, that it has been found by actual observation or experiment, that the blood is thinned in the living body by the use of alkalies.—Lastly, that the death was purely accidental, seems improbable in the case of a man who had been fifteen years in a diseased state; and for a large part of this time without any perfect evacuation of the bladder.

On the whole, we are inclined to the opinion that the blood had been brought into a diseased state by the constant absorption of the stagnant contents of the bladder; that, in this condition of the blood, the natural sympathy we so often see exerted by the urinary organs upon the brain, produced the action which resulted in a serous effusion into the ventricles.

REPORT OF THE MEDICAL ATTENDANTS OF THE LATE PRESIDENT HARRISON.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—When are we to have a medical report of the case of the late lamented President of the United States? Will you inform those whose duty it is to furnish such a report, of the general and just expectation of the medical profession in New England, that it should be forthcoming? It cannot surely be intended that we should rest satisfied with the meagre accouut which has made its appearance, under the authority of the medical attendants, in the public newspapers. This account merely mentions the symptoms in general terms, but gives us none of the physical signs, and almost leaves us to infer, if such neglect were possible, that auscultation was not attended to in forming a diagnosis. The names of several of the medical gentlemen who signed the statement referred to, are favorably known in this quarter, and we especially regret not to see that of Dr. Sewall among the number. I trust we shall not be disappointed in receiving from so respectable and competent a source a full report, exhibiting the nature and progress of the disease, which has now clothed a nation in mourning, as well as of the morbid appearances discovered after death, if permission was given to examine the body.

April 26, 1841. Inquirer.

Threads of Caoutchouc for Sutures.—Thomas Nunneley, Esq., Surgeon to the Leeds (Eng.) General Eye and Ear Infirmary, recommends India rubber, drawn out into fine strings, as a superior article for ligatures in cases of wounds. For ligatures of vessels it is unsuitable.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 5, 1841.

POST-MORTEM EXAMINATION OF DR. MINER.

The autopsy of Dr. Thomas Miner, whose death was mentioned in our last Journal, was made by Dr. Sargent, eight hours after death, in presence of Drs. Woodward, Chandler, Green, Heywood, Smith, Spalding and Davis, and Mr. Heywood.—In addition to the notice of our deceased friend, last week, it should be mentioned that he retained his knowledge of the Greek, Hebrew and Latin languages. During his sickness he spoke German in his delirium, and seemed surprised that he was not understood. A sermon was preached at the Hospital Chapel, at his funeral, on the Sabbath after his death. Most of the physicians of the town attended. We understand Dr. M. gave his library and manuscripts, which must be exceedingly valuable, to his old friend, Dr. Wm. Tully, of New Haven. The following is the account of the autopsical examination, which was forwarded to us by Dr. Woodward.

Exterior.—Frame very large; skin pale, with spots of purpura on both legs, nates, and somewhat on abdomen (which had existed some days before death). General œdema. Hydrocele of right tunica vaginalis. Abdomen very tumid and resonant. Flatness on percussion in præcordial region commences on fourth rib, extends outwardly to nipple, inwardly to middle of sternum, and downwardly to hypochondrium, where stomachic resonance is heard. Adipose tissue very abundant: on chest one inch in thickness; on abdomen one and a half inch. Spots of purpura on abdomen; as knife passes through them, seem to be interstitial effusion of dark blood. Muscles pale.

Chest.—On lifting sternum, *lungs* collapse entirely. These are healthy throughout, being resonant and crepitating. At left apex there is a little old adhesion of pleuræ. Lung involved is puckered and firm. Amount of serum in pleuræ of each side very considerable.

Heart.—Universal, old, organized adhesion of pericardium. Length of heart, from origin of aorta to apex, six and a half inches; greatest breadth, six and three quarter inches. Firm, white coagula in all the cavities; some of them adherent to endocardium. Right ventricle one half inch in greatest thickness. Left ventricle one inch in same. Columnæ carnæ very much developed. Valves of aorta extensively ossified, standing out like little shells from the artery, where it is laid open; one ragged mass of ossification extends down on to a columnæ carnæ; and there are numerous little whitish patches in lining of aorta. Extent of base of aortal valves, three inches.

Alimentary Canal, not cut open; looks healthy externally, much distended with gas. Small intestines contain little else. Rectum and descending colon contain fæcal matter. All the abdominal organs buried in a mass of fat.

Liver, hard. Two colors distinct, granular structure marked. Greatest length of organ, twelve inches; greatest breadth, nine inches; greatest thickness, five inches. Half an ounce of fluid bile, and numerous biliary calculi, in gall bladder; most of them are small, a line or so in diameter

amber colored, polygonal, partly smooth and polished, partly rough and whitish. Two of them are about half an inch each in diameter; one of them is roundish, with a white crust over almost all of it, below which it seems to be like the others, amber colored. The other is only a larger specimen of the smaller ones. They are quite friable, and one of them, on being exposed to a blaze, became semifluid, boils and burns.

Spleen. five inches long, three and a half broad, hard, dark red.

Kidneys are buried and encased in fat. The right is four and a half inches long by two broad. The left is three inches long by two broad. The surface of both is very uneven, there being several depressions in each, from one to two lines in diameter, and to about the same depth, as if from loss of substance; color of depressions not different from that of rest of organ, and structure in left kidney presents a marked difference from that of rest of organ. (Right not cut open.) Enveloping tunic strongly adherent to cortical substance, and in right kidney adhesion in some places is of a fibrous hardness.

Bladder thin, and containing three or four ounces of urine. Mucous membrane not thickened nor softened. Urine tarnished the knife immediately.

Hydrocele dissected. No communication with abdomen; fluid limpid; testicle small; epidydimis quite minute.

Treatise on Strabismus.—Dr. Dix's admirable guide in performing this operation, which has lately been published, should be in the hands of every medical man. Its cost is trifling, yet it contains every essential direction for obviating the deformity of cross-eye. The author's success in this new field of surgery, gives him full claim to confidence. Those who have noticed his reports of cases, from time to time, in this Journal, cannot doubt Dr. Dix's familiarity with the subject. Without further comment, we shall feel gratified to hear that this carefully-prepared treatise is properly estimated by a discriminating professional public. See advertisement.

Vital Statistics of Boston.—Contrary to our expectations, there is no opportunity of introducing, at present, extracts from Mr. Shattuck's finished paper on this subject. It is to be regretted that it had not first appeared in this city, instead of Philadelphia. In that place it could not be so generally interesting; and by being thus carried out of the region where it would have been read with most pleasure, not one in a thousand of the citizens of Boston will become acquainted with its importance. A few copies in a pamphlet form are on sale at Mr. Ticknor's; but to be seen by Bostonians, whom it most concerns, it should be republished in the papers and periodicals of the city. Mr. Shattuck evinces uncommon patience in systematizing a class of facts about which but very few people have any definite knowledge.

New York Hospital.—Of the multitude of reports which by courtesy are constantly pouring in upon us, none are more unexceptionable, in point of statistical and financial finish, than the one to which these remarks refer. It is creditable to the managers of that great establishment, that perfect order reigns throughout all its complicated mechanism—from the

senior surgeon to the kitchen scourer—from the cost of a dozen eggs purchased for the institution, to the footing up of a mammoth bill of expenditure at the close of a year. Nor is there less evidence of system in the classification of patients. In short, the entire scheme of registration, for such it may be called, in the wards of this Hospital, is not, probably, surpassed in accuracy and method in any other similar charity in the world. At the close of 1839, there were 174 patients remaining, and during 1840 there were admitted 1797—making a grand total of 1971. Of this great number, 1317 were cured; 111 relieved; 120 discharged at their own request; 18 discharged as improper objects; eloped or discharged as disorderly, 45; died, 173; remaining Dec. 31, 1840, 187. Receipts of the Hospital in the same time, from all sources, $36,082 17; and the expenses were $34,471 26—leaving $1,610 91, on hand.

Bloomingdale Asylum.—There were remaining Dec. 31, 1839, 126 patients. Last year there were admitted, 113; making, in all, 239 who were under treatment. Receipts for 1840 were as follows, viz.: State annuity, $10,000; for board of patients, $33,215 34; for articles sold, $199,15; making, in the whole, $43,414 49. In the mean time the expenses were $46,268 52. Dr. Wilson's report is a lucid exposition of the professional affairs and responsibilities of the Asylum. The tabular statements are too elaborate for copying, much as they deserve to be studied by those who would keep themselves well informed upon every point relating to hospitals for the insane.

Bartlett's Abdominal Supporter.—Those who have been accustomed to Dr. Chapin's instrument, will recognize in this a manifest improvement. It is not so bulky; the materials are light, delicate, and yet strong. Besides these important modifications, the pads are almost a new invention, both as it regards shape and the places where they are designed to maintain a permanent pressure. In a prolific age of mechanical ingenuity and economical contrivances for bracing up the enfeebled bodies of a particular class of invalids, it is difficult to keep pace with all, or do proper justice to the merits of every claimant to surgical notice. It strikes us, however, that Mr. Bartlett has made some improvements which will be gratifying to the medical profession. The manufacturer is Mr. Albert F. Bartlett, No. 16 Howard street, Boston.

Medical Students and the Law.—Justice Warner, of Rochester, says the New York Sun, has been arrested on three different suits, for committing three medical students to jail for refusing to testify before him in relation to the body of a colored subject, partly used for dissection, and subsequently found in a box at the Franklin House, of that city. The damages are laid at $3000, and *nine* lawyers are engaged to prosecute the suits—which shows very plainly that the injured students will get nothing but law, their legal friends being always sure to look out for themselves under like circumstances.

Chinese Materia Medica.—Ignorant as the world generally supposes the Chinese to be of the science of health, they have certainly made advances

in botanical knowledge that far excels that of the Europeans before the age of Linnæus. They are careful observers of facts, and being habitually methodical there is no want of information upon a variety of subjects of which they are too generally thought to be profoundly ignorant. We recollect hearing Dr. Parker observe that the Chinese materia medica had become so voluminous that it now filled forty volumes. Whatever is new is added to the old stock of information, and thus the entire knowledge of previous generations is systematically continued in one unbroken series. In some respects this is a better plan than the one that has obtained amongst ourselves, of multiplying title pages instead of increasing knowledge—having a thousand books, but without the addition of a thousand new ideas. Each branch of study constitutes a complete set of volumes by themselves, in whatever pertains to science, as we understand veracious travellers.

Murders and Suicides in the United States.—From statistical reports it appears that from the 1st of last January to April 1st, there were 74 murders and 63 suicides in the United States. Of the suicides, 19 came to sudden death by intemperance; 12, by taking laudanum and other poisons; 7, by hanging themselves; 7, bycutting their throats; 8, by drowning; and 5, by shooting themselves. Of the murders, 6 were in New York; 6 were in Ohio; 4 in Georgia; 4 in New Orleans; 2 in Virginia; 2 in Vermont; 2 in New Jersey; 2 in Kentucky; and 1 in Arkansas. Of the suicides, 32 were in New York; 8 in Pennsylvania; 7 in Massachusetts; 6 in New Orleans; 2 in Connecticut; 1 in Maine; 1 in Kentucky; 1 in South Carolina; 1 in Wisconsin; 1 in Rhode Island; and 3 in Virginia.

Smallpox in New York in seven Years.—Dr. H. G. Dunnell, late City Inspector of New York, has given the following in his report, in relation to deaths by smallpox:

In 1805 the deaths from smallpox were 62; in 1811, 117; in 1816, 176; in 1824, 294; in 1831, 224; in 1835, 351; last year (1840), 233.

Smallpox in London.—Five hundred and forty persons died of smallpox in the eight weeks ending January 16th; six had previously had an attack of natural smallpox; four had been inoculated for smallpox; eighty had been vaccinated, and four hundred and forty-eight had not been vaccinated. The ages of the 80 persons who had been vaccinated, were—from 2 to 6 months, 6; 6 to 12 months, 11; 1 to 3 years, 16; 3 to 5, 13; 5 to 10, 11; 10 to 15, 2; 15 to 20, 7; 20 to 25, 4; 25 to 30, 5; 30 to 35, 3; 35 to 40, 2. Total, 80.

Re-vaccination.—The subject of re-vaccination having been brought up before the Royal Medical and Chirurgical Society, of London, Dr. Gregory, who has had great experience in smallpox and vaccination, remarked that he had not been able to obtain much information, except that it was becoming more prevalent among the lower order than it used to be. In the case alluded to, of a family of ten children, one of whom had died of smallpox after vaccination, eight of the other children had been re-vaccinated under his own eye. In one half of these the disease was attended by perfect vesicles and areolæ; in others, these were mere irritable pa-

pulæ; and yet all the children presented perfect cicatrices. This difference in the effects did not appear to be at all traceable to age; some of those in whom the disease took well were old, some were young. He thought we were yet in much want of information to explain some of the phenomena connected with variola. He should, however, recommend re-vaccination in all cases, to give the patient a better chance against the infection of smallpox.

Medical Miscellany.—Dr. Hall has been successful in constructing a new nose for a female, at Montreal, which redounds greatly to his surgical skill. The Canada papers lead us to suppose that this is the first time the operation has been performed in the British Provinces.—Dr. Hough, of New Orleans, has been imprisoned for offering violence to a young girl, the daughter of a gentleman who has heretofore employed him as his family physician.—For the support of the pauper Lunatic Hospital at South Boston, the City Government have appropriated $12,000 for next year.—The whole amount of the ages of 27 persons, who died at Newport, R. I., from March, 1840, to March, 1841, is 2187 years; average age is 81 years to each person. Eleven of the individuals were between 70 and 80 years of age; 15 were between 80 and 90; and 1, 96 years.—The annual meeting of the Connecticut Medical Society will be held at Gilman's Hotel, Hartford, on Wednesday, 12th of May. Dr. Amariah Brigham, of Hartford, will deliver a dissertation.—It is stated that of the admissions into the Smallpox Hospital in London, about 45 per cent. of fatality from variola occurs in the unvaccinated, and 7 per cent. in those who have been subject to the process of vaccination.—The New York Sun states that one of the first surgeons of New Orleans, who was recently prosecuted for unnecessarily amputating a patient's leg, arrived, about twenty years ago, in that city, from Germany, and was so destitute and poverty-stricken that he was sold to pay his passage. He was bought by a surgeon, who, though he originally intended to make only a menial of him, finally educated the poor boy handsomely, and the master dying, he married the widow, with immense wealth.—A life of Sir Astley Cooper, by his nephew Bransby Cooper, is in course of preparation for the press. A new edition of Sir Astley's beautifully illustrated work on the "Testis," with the author's final additions, is now nearly ready for publication. Another edition of his work on Dislocations will also soon be published.

MARRIED,—In Boston, Ephraim Marston, M.D., to Miss H. A. Philbrick.

DIED,—At Plainfield, Ct., Josias Fuller, M.D., 70.—At Northfield, Mass., Dr. Charles Blake.—At New York, Gaetano De Angelis, M.D., 83, a native of Naples.

Number of deaths in Boston for the week ending May 1, 31.—Males, 18; Females, 13.
Drowned, 1—enfallpox, 5—bowel complaint, 1—old age, 1—murdered, 1—lung fever, 1—teething, 1—hooping cough, 3—debility, 1—canker, 1—measles, 6—sudden, 1—pleurisy, 1—dropsy in the head, 1—tabes mesenterica, 1—typhous fever, 1—stoppage in the bowels, 1—bronchitis, 1—dropsy, 1—scrofula, 1.

HOMŒOPATHIC BOOKS.

HAHNEMANN'S Organon. Jahr's Manual of Homœopathic Medicine. Jeanne's Homœopathic Practice of Medicine. Ruoff's Repertory of Homœopathic Medicine. Hering's Homœopathist or Domestic Physician. P. F. Curie's Domestic Homœopathy; by G. Humphrey, M.D. Everest's Popular View of Homœopathy.

☞ Medicine Chests for the above works, Sugar of Milk, Directions for Diet, etc. etc.

N. B.—All German Classics and othr valuable German, Greek and Latin Books. For sale by
My 5—3t J. G. WESSELHŒFT,
No. 124 North 2d street, above Race, Philadelphia.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a stated meeting of the Censors for the First District, at the house of the subscriber, No. 9 Franklin street, Boston, on Thursday, 21st of May, at 4 o'clock, P.M.

A 21—optm JOHN JEFFRIES,
Secretary of Censors.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers having been long engaged in private medical instruction, propose to receive pupils, and to devote to them such time and opportunities for study and practice as are necessary for a medical education. Their pupils will be admitted without fee to the lectures on midwifery in the Massachusetts Medical College, to the practice of the Massachusetts Hospital, and have opportunities for the study of practical anatomy under the immediate superintendence of Dr. Otis. Terms may be learned by calling on Dr. Otis, No. 8 Chambers street. Fuel, lights and rooms without charge.

WALTER CHANNING,
Boston, August 19, 1840. GEORGE W. OTIS, JR.

DR. J. J. MOORMAN,

RESIDENT PHYSICIAN AT THE WHITE SULPHUR SPRINGS, VA.

MAY be consulted by persons at a distance, as to the propriety of using the *White Sulphur Water*, in particular diseases, &c. Communications, descriptive of the case, enclosing the ordinary fee of $5, directed, post-paid, to Dr. M. at the White Sulphur Springs, Va., will be promptly responded to.

October 23d, 1840. O. 23—lamtMcheoptO

A GOOD LOCATION.

A PHYSICIAN wishing to leave his situation, would be glad to relinquish his business in a pleasant town of 1300 inhabitants. Communications may be addressed to E. W. Clap, P. M., Walpole, Mass., or Dr. George Estabrook.

Rutland, Mass., April 21, 1841.

A PHYSICIAN,

LOCATED in the eastern part of this State, wishing to retire from the active duties of his profession, offers his situation for sale. Practice worth about $1200 a year. Good recommendations will be required. Address the editor—all letters of inquiry post paid. M 31—eop3m

A TREATISE ON STRABISMUS, OR SQUINTING,

AND the New Mode of Treatment—Illustrated with Engravings and Cases. By John H. Dix, M.D. Just published, and for sale at the office of the Boston Medical and Surgical Journal, and at the store of William Crosby & Co., 118 Washington street. Price 50 cts. A few copies have been done up in paper covers, so as to be sent by mail. Ap. 14

ABDOMINAL SUPPORTERS.

DR. HAYNES'S instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only $4—without, $3.50. By addressing the publisher, No. 134 Washington street, physicians may be readily accommodated. A 19

The supporters may also be obtained of the following agents.—In New Hampshire, Drs. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; D. Crosby, Hanover; L. S. Bartlett, Kingston; L. Bartlett, Haverhill; F. P. Fitch, Amherst; Mr. J. H. Wheeler, Dover; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury.

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

AT 65 Belknap street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood. JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint, J. V. C. Smith.

Boston, April 14, 1841. tf

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

RE-IMPROVED ROCKING TRUSSES,

MANUFACTURED at Shaker Village, N. H., and recommended by some of the leading physicians in that State, may be obtained at this office. Price, for the single truss, $4; double, $7. A discount to physicians who purchase to sell again. March 10.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 134 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $5,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.